

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
|                           |          | 71530  | 1/13    |
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          | 10     | 1/13    |
| FORMALITY REVIEW          | AH       | 60245  | 2/15/02 |
| RESPONSE FORMALITY REVIEW |          |        |         |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

2/15/02

| Claim          | Date   |
|----------------|--------|
| Final Original |        |
| 1              | 6/2/02 |
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| Claim          | Date   |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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